



## CITY OF BATTLE CREEK

### APPLICATION FOR AMBULANCE LICENSE

Ambulance trade or fictitious name: \_\_\_\_\_

#### APPLICANT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### OWNERS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### INDIVIDUAL LEGALLY RESPONSIBLE:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Business: \_\_\_\_\_

**Location or the place(s) from which business is intended to operate. (Include any locations wherein only Dispatch or administrative operations are conducted.)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Description of color scheme, insignia, name, monogram, or other distinguishing characteristics of vehicle.**

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**Degree of training and experience of applicant in the transportation and care of patients.**

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## VEHICLE DESCRIPTIONS

<i>MAKE</i>	<i>MODEL</i>	<i>YEAR</i>	<i>VEHICLE I.D.</i>	<i>CURRENT LICENSE</i>	<i>ODOMETER READING</i>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

*I do hereby declare that myself as well as all vehicles and personnel driving or providing patient care are licensed, certified, or approved by the Department.*

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Signature

Date

**In addition to the above information, the following shall be attached to this application:**

**804.05 (7)** Provide proof of vehicle insurance as required by the State of Michigan.

**804.05 (8)** Payment of license fee as established by the City Commission.

**For Renewal:**

**804.07 (3)** At time of renewal, an ambulance operation shall provide to the City Clerk copies of all complaints of whatever nature filed with or against the ambulance operation in the past 18 months, along with an explanation of the resolution of the complaint, or whether the complaint is still pending with any administrative agency or court.

**804.07 (4)** The ambulance operation shall provide copies to the City Clerk of any disciplinary proceedings before the Department concerning the ambulance operation as well as any resolution or sanctions imposed against the operation by the Department.

**The following must be filed during the term of the license year:**

**804.04 (3)** Charge only such rates for service as have been filed in a Schedule of Rates with the City Clerk at least 30 days prior to the effective date of said rate schedule.

**804.04 (6)** Performance criteria is to be maintained and submitted to the City Clerk on a monthly basis.

